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Item 5 of the agenda

THE IMPLEMENTATION OF THE HUMAN RIGHTS OF WOMEN

Written statement submitted by the Worldview International Foundation, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement, which is circulated in accordance with Economic and Social Council resolution 1296 (XLIV).

[7 August 1997]

GE.97-13281 (E)

1. This agenda item recognizes that traditional health-care practices often burden women and children most severely. This is true not only with respect to health care generally, but also with respect to reproductive and childbirth practices specifically. We wish to bring to the Sub-Commission's attention evidence of Chinese health-care practices in two areas that have a serious effect on women and children in Tibet: (i) coercive reproductive medical practices arising from "family planning" policies, and (ii) a woefully inadequate health-care system imported into Tibet that is seriously damaging the health of all Tibetans, but that of Tibetan children in particular.

China's coercive reproductive medical practices limit Tibet's population, although there is no overpopulation in Tibet

2. Discussion of the imposition of "family planning" measures must begin with the proposition that Tibet has never had a population problem.

3. Tibet spans more than 2.5 million square kilometres, and is roughly the size of western Europe; with a population of fewer than 6 million. Tibet has fewer people than Los Angeles County. In the Tibet Autonomous Region (which covers approximately 40 per cent of what is traditionally known as Tibet), the population density is merely 1.6 persons per square kilometre, one hundredth that of China. Although Tibet has never had a population problem, China effectively controls the timing of childbirth and limits the number of children allowed to a Tibetan family. This population control regime has been China's official means of restricting the reproductive rights of Tibetan women since 1992, and its unofficial policy since the early 1980s.

4. This "family planning" policy will certainly lead to a sharp decline in the Tibetan population, as the number of children allowed a Tibetan family will not be enough to maintain the population. Through the reduction of the size of the already small Tibetan population and the continuing transfer of Chinese settlers into Tibet, the likelihood increases dramatically that the Tibetan people, culture and religion will vanish within the next century.

China denies Tibetan women their reproductive freedom

5. China imposes fines for a child born "out of plan". Because the financial penalty often exceeds a family's yearly income, Tibetan women are often coerced to submit to abortions and sterilization operations. These women are further coerced by Chinese threats to arrest and imprison their husbands if they do not submit to abortion and sterilization procedures. Tibetan children born "out of plan" are denied the papers necessary to attend day-care centres and school and to receive medical care. Because these children's names are not registered, the family will not receive a ration card for the additional family member.

6. Recent reports received from refugees indicate that a sterilization and forced abortion campaign has been under way since last fall in the Chushur district under Lhasa city: 308 women were sterilized in only one month between September and October 1996. One woman reportedly died and another is seriously ill as a result of forced sterilizations.

7. Furthermore, according to confirmed reports, Tibetan women are subjected to abortions and sterilization procedures without being told of the nature of the operations. Women are encouraged to go to hospitals for therapeutic reasons unrelated to their pregnancy, and are chemically induced to abort. Abortions often are followed by sterilization operations, which are conducted without consent. Also, doctors reportedly have, precisely at the moment of birth, injected babies' heads with lethal ethanol, thereby causing them to be born dead.

8. Among the cases of forced abortions and sterilizations are those that have occurred in Gonghe county, Qinghai province, where China has conducted "blitz" campaigns whereby virtually every girl and woman of child-bearing age is sterilized and others are forced to abort their foetuses. According to one eyewitness report,

> The villagers were informed that all women had to report to the tent (in which the mobile birth control teams operated among villages) for abortions and sterilizations or there would be grave consequences. Women who went peacefully to the tents and did not resist received medical care. The women who refused to go were taken by force, operated on, and given no medical care. Women nine months pregnant had their babies taken out. (Blake Kerr, "Tibetans under the knife", in Anguish in Tibet, 148 ff., Petra Kelly and others, eds., 1991)

China's coercive reproductive medical practices in Tibet violate international human rights laws

9. China's population control programme in Tibet constitutes a violation of international human rights law, including treaties to which China is a signatory. For example, the programme violates the United Nations Declaration of Human Rights and two treaties that China signed and ratified, namely the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

10. China might also be in violation of another treaty to which it is a signatory, namely the Convention on the Prevention and Punishment of the Crime of Genocide. The Convention's proscription of genocide applies to the imposition of measures that are intended to prevent births to a national, ethnic, racial or religious group, if these measures are imposed "with the intent to destroy such a group in whole or in part".

11. The practices of China at the very least prima facie supply an example of intent to commit genocide against the people of Tibet. China's denial of Tibetan women's right to reproductive freedom betrays a systematic attempt to reduce the Tibetan population, suppress its culture and render the Tibetans a minority in their own country.

There is little adequate health care in Tibet

12. Quite apart from the coercive medical procedures used to enforce family planning policies, access to health-care resources generally in Tibet is woefully inadequate. First, despite the existence of many hospitals and

clinics (six hospitals in Lhasa alone), there are few persons with senior clinical experience staffing those facilities and there is a serious shortage of equipment and drug supplies with which to treat patients. Second, even though health care is supposed to be free in Tibet, that is not the case in practice. While this applies to both Chinese and Tibetans within Tibet, this policy is a significant barrier to health-care access for Tibetans, few of whom have the income with which to pay for health care. As a result, Tibetan children are dying at excessive rates from diseases such as tuberculosis, pneumonia and diarrhoea, which are the traditional killers of indigenous peoples in occupied countries. Adults suffer excessively from strokes, hypertension, chronic pulmonary disease, hepatitis and gastric cancer.

Population transfer and development are undermining the health of Tibetan children

13. Recent studies have shown that, while the height of children in China (excluding Tibet) has been increasing in recent decades, the height of Tibetan children is declining. This is most likely the result of chronic undernutrition, beginning with the undernutrition of pregnant women. The causes of the undernutrition are uncertain, but appear to include: Chinese regulations determining the ratio of wheat to barley planted (barley is the traditional Tibetan crop); Chinese regulations forcing Tibetans to sell food crops at controlled prices, leaving few crops with which to barter for meat (a traditional source of food) and little cash with which to buy food; and the introduction of "status food" (e.g., canned goods, candy, soft drinks) which are expensive and of poor nutritional value.

14. The International Covenant on Economic, Social and Cultural Rights, which China has promised to ratify by the end of this year, provides in article 12 that each State shall provide for adequate health care for all. Currently, China's health-care practices, in combination with its illegal population transfer policies, violate that provision.

15. We call upon the Commission to take note of the human rights violations against the Tibetan people, through China's family planning policies and through its recklessly indifferent health-care system. The indifference to provide adequate health care for the Tibetan people, in combination with the deleterious effect on the health of Tibetans of massive population transfer and disruption of traditional Tibetan economies, by itself threatens the physical survival of the Tibetan people. The coercive family planning practices imposed on Tibetan women under the circumstances of population transfer into an otherwise sparsely populated country evidences a more systemic attempt to reduce the Tibetan population. We therefore call upon the Sub-Commission to pass a resolution condemning these practices and calling for a detailed in situ study of the causes and effects of these practices in Tibet.